



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700  
Telephone 225.925.6496 ~ Facsimile 225.925.6499  
[www.pharmacy.la.gov](http://www.pharmacy.la.gov) ~ E-mail: [info@pharmacy.la.gov](mailto:info@pharmacy.la.gov)



## Application for New Louisiana Pharmacy Technician Certificate

**NOTE:** If you have not yet obtained a Pharmacy Technician Candidate Registration (formerly known as a work permit) to earn the hours required for certification, this is the incorrect application form. To obtain the correct form, access the Board's website at [www.pharmacy.la.gov](http://www.pharmacy.la.gov), at the *Forms & Applications* link, then select **Form No. 30 ~ Application for Pharmacy Technician Candidate Registration**.

### Qualifications for Pharmacy Technician Certificate:

- 1) Properly completed *Application for Louisiana Pharmacy Technician Certificate*.
- 2) The application fee is **US\$100**; we will accept a check or money order drawn on any bank located within the USA, payable to the Louisiana Board of Pharmacy.
- 3) Proof of successful completion of the technician certification examination administered by the Pharmacy Technician Certification Board (PTCB).
  - We require a legible copy of the wall certificate issued by PTCB, or in the alternative, screen print of a website verification thereof.
- 4) Proof of at least 600 hours of practical experience earned within a Louisiana-licensed pharmacy, properly documented on a Pharmacist's Affidavit.
  - Form No. 31 ~ Pharmacist's Affidavit for Certifying Hours of Practical Experience for Pharmacy Technician Candidates is available on the Board's website, at [www.pharmacy.la.gov](http://www.pharmacy.la.gov), under the Forms & Applications link. Please read the instructions carefully before beginning to complete the affidavit form.
  - In the event you earned hours at multiple pharmacies, a separate affidavit is required for each separate location.
  - Hours of experience earned in pharmacies located in other states are not sufficient for this purpose.

### Application Process:

- We strongly encourage you to review your application package before sending it to the Board office, making sure the form is complete and all required attachments are included in the package.
- We recommend you retain at least one copy of the package before placing original documents in the mail.
- If it is important to you to know whether or not the Board has received your application package – or when it was received, we recommend the mail tracing service (US Postal Service, FedEx, UPS, etc.) of your choice. Due the volume of applications we receive, we are unable to respond to requests to verify receipt.
- As part of the process, we are required to submit your name and identification information to the (1) Louisiana Office of Student Financial Assistance [LOSFA] to verify you are not in default of any student loans, and (2) the La. Dept. of Social Services [DSS] to verify you are not in default of any court-ordered support payments. We are required to wait for their responses before we can issue (or renew) your certificate. In the event we receive instructions to hold your application, we will contact you with that information and instructions to contact the appropriate agency.
- All technician certificates expire on June 30 of every year, regardless of the date of issue. In the event you are contemplating the submission of your application during the months of May or June, you have the option of requesting the delayed issuance of your certificate on the first business day of July. If not, you will be responsible for the immediate renewal of your certificate prior to June 30. Remember, you may not practice without a valid certificate.

### Maintaining your Louisiana Pharmacy Technician Certificate:

- The price of the privilege: it is your personal responsibility to learn laws and rules governing pharmacy technicians and their professional practice. All of the Board's laws and rules can be found in the Louisiana Pharmacy Law Book as well as the Board's website, at [www.pharmacy.la.gov](http://www.pharmacy.la.gov).

- Your failure to abide by these laws and rules, or your failure to practice in a professional manner, could result in disciplinary action by the Board. There are a range of potential sanctions available to the Board: they may issue a Letter of Warning or a Letter of Reprimand, they may place your certificate on probation or suspension, or they may revoke your certificate. In addition, they may levy a fine (any amount up to \$5,000 per count per day) and they may recover their costs of investigation and prosecution.
- Renewal of Technician Certificates:
  - Every technician certificate expires on June 30 of every year; you may not practice with an expired certificate.
  - The renewal cycle is open from May 1 through June 30. You may renew your certificate online and pay with a credit card, or you may retrieve a renewal application form at the Board's website and pay with a check or money order.
  - To avoid penalties or additional requirements, you must renew your certificate on or before June 30. The renewal fee is \$50; however, if you are late, the fee is \$275.
  - It is not required that you be in active practice or living within the state in order to renew your certificate. In the event you choose to let your certificate expire because you are not working in a pharmacy, please be aware of the \$200 reinstatement fee.
- Continuing Pharmacy Education (CPE):
  - One of the certificate renewal requirements is the acquisition of continuing pharmacy education (CPE). In order to renew, you must demonstrate the acquisition of at least 10 hours of ACPE-accredited technician-specific CPE in the prior 12-month period.
  - For your first renewal ONLY, you are exempt from the requirement to demonstrate your compliance to the Board; for every renewal thereafter, you must demonstrate compliance with the CPE requirements.
  - A common source of confusion is the CPE requirement related to the PTCB certificate. The requirements from PTCB are similar to those of the Louisiana Board of Pharmacy, but they are different. In order to renew your Louisiana certificate, you must comply with the CPE requirements from the Louisiana Board of Pharmacy.
  - In order to register for CPE from an ACPE-accredited CPE provider, you will need to apply for an NABP e-Profile number. There is no cost to obtain the number, and once issued, it is your number for your entire professional career. To get that number, select the CPE Monitor link at the NABP website at [www.nabp.pharmacy](http://www.nabp.pharmacy).



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## Application for New Louisiana Pharmacy Technician Certificate

**Note:** This application form shall be valid for up to one year after the date of its receipt in the Board office. In the event the certificate is not issued by that date, the application shall become null and void and any fees attached hereto shall be forfeited. The application fee for this certificate is **\$100**. We accept checks or money orders drawn on any bank located within the U.S. that are payable in US dollars to the Louisiana Board of Pharmacy.

### Section 1 – Personal Information

Current Legal Name: \_\_\_\_\_  
First Name Middle Name(s) Last Name Suffix (Jr., Sr. III, IV, etc.)

List All Other Names (Maiden, Married, etc.): \_\_\_\_\_

**Note:** Your current legal name will be your original licensure name. Once licensed, your original licensure name will not be changed for any reason. Wall certificates, if purchased, will only be issued in your original licensure name. Subsequent name changes will be reflected on annual license renewals.

### Section 2 – Contact Information

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Numbers (with A/C): \_\_\_\_\_  
Home Mobile Home Fax

### Section 3 – Pharmacy Technician Candidate Registration

Record the number of your Louisiana PTC Registration and its expiration date:

PTC: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Section 4 – Pharmacy Technician Certification Examination

Record the certification number from your PTCB certificate, as well as the date of initial certification

Number: \_\_\_\_\_ Date of Initial Certification: \_\_\_\_\_

### **For Board Use Only:**

Check No.: \_\_\_\_\_ Amount: \_\_\_\_\_

Approved by: \_\_\_\_\_ Certificate No.: \_\_\_\_\_

Issued: \_\_\_\_\_

## Section 5 – Other Pharmacy Credentials

Have you ever been licensed, registered, certified, or otherwise approved to practice as a pharmacist, pharmacy intern, or pharmacy technician in any state other than Louisiana?

☐ No [Proceed to Section 6] ☐ Yes [Record information below; attach additional pages as necessary]

_____	_____	_____	_____	_____	Disciplined? <input type="checkbox"/> No <input type="checkbox"/> Yes
State	Type of Credential	Credential No.	Date Issued	Expiration Date	
_____	_____	_____	_____	_____	Disciplined? <input type="checkbox"/> No <input type="checkbox"/> Yes
State	Type of Credential	Credential No.	Date Issued	Expiration Date	

For each credential you have ever held, you must obtain a letter from the state licensing agency that issued the credential – sent directly to the Board office – certifying the current status of that credential. The letter must include the credential number, the date of issue, the current status, its expiration date, and whether the credential has ever been sanctioned, disciplined, or restricted

## Section 6 – Prior History

La. R.S. 37:1216 authorizes the Board to conduct a criminal history record check on applicants for any credential issued by the Board as a condition for the issuance of that credential. La. R.S. 44:9 authorizes the Board to access and use records that have been expunged. Upon receipt of this properly completed application, the Board will provide the applicant with materials necessary to perform a criminal history record check with the Louisiana State Police and the Federal Bureau of Investigation. Previous reports generated for or by another agency cannot be accepted to satisfy this requirement. Your failure to disclose any prior disciplinary or criminal history – even if expunged – may result in the denial of this application and the refusal to issue the certificate, or if the certificate has already been issued, then the suspension or revocation of that certificate.

- ☐ Yes ☐ No Have you ever been issued any of the following:

  - A citation or summons, *and/or*
  - Has/have warrant(s) been issued against you, *and/or*
  - Have you been arrested, charged, arraigned, indicted, convicted, *and/or*
  - Pled guilty / "no contest" / nolo contendere / "best interest" or any similar plea, *and/or*
  - Been sentenced or pardoned,

for any criminal offense, including all misdemeanors and felonies, in any local, state, or federal jurisdiction?

Even though an arrest or conviction has been dismissed, deferred, diverted, expunged, or pardoned, and even if your civil rights have been restored, you must answer "Yes" and mail certified copies of the decision documents along with your personal letter of explanation.

  - Traffic violations such as speeding or parking tickets do not need to be reported; however,
  - DUI or DWI events must be reported, regardless of final disposition.
- ☐ Yes ☐ No Have you had a professional license as a pharmacy technician or any other health care provider denied, suspended, revoked, or otherwise sanctioned or restricted or limited, including voluntary surrender of license, including restrictions associated with participation in confidential alternatives to disciplinary programs, *and/or*

Do you now have any disciplinary action pending against you by any state licensing agency – other than the Louisiana Board of Pharmacy?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as certified copies of all related documents from the agency.
- ☐ Yes ☐ No Have you been named as a defendant in a civil/malpractice case relating to your practice of pharmacy? *and/or*

Has a medical review panel opinion been rendered relating to your practice of pharmacy? *and/or*

Have you been reported to the National Practitioner Data Bank (NPDB)? *and/or*

Have your clinical privileges been limited, restricted, suspended, or revoked?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as a copy of the malpractice suit or medical opinion or report from the NPDB.
- ☐ Yes ☐ No Have you been diagnosed with, do you have, or have you had a medical, physical, mental, emotional, or psychiatric condition that might affect your ability to safely practice as a pharmacist?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.
- ☐ Yes ☐ No Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, or alcohol?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.

### Section 7 – Photographic Identification

- Attach a recent photograph in the block at right, using one staple at the top and one at the bottom. Do not use glue or tape.
- Photograph should be recent (within last six months).
- Photograph must show a clear likeness of the applicant's head and shoulders, with eyes open.
- Photographs reproduced on a black/white copy machine are not acceptable.
- Do not use a photograph removed from an identification or similar card.

Staple one recent  
passport size (2"x2")  
fade-proof  
photograph  
in this block using the  
guidelines at the left.

Date of Photograph: \_\_\_\_\_

### Section 8 – Required Attachments

*Please verify the presence of the required attachments:*

- ☐ Yes ☐ No Legal documentation of all name changes beyond name recorded on birth certificate (see application notes).
- ☐ Yes ☐ No Copies [or website verifications thereof] of other pharmacy credentials identified in Section 5.
- ☐ Yes ☐ No Documents as needed from Section 6.
- ☐ Yes ☐ No Pharmacist's Affidavit(s) of Practical Experience, documenting at least 600 hours

### Section 9 – Applicant's Affidavit

**Note:** This section of the application may only be completed in the presence of a Notary Public who must witness your sworn signature.

I, \_\_\_\_\_, the applicant, being duly sworn, attest to the following:

- I am the person referred to in this application, and the photograph above is a true likeness of me.
- With an awareness of the penalties of perjury, I affirm that all of the information I have provided in this application and all of its attachments is true and correct in every respect.
- I submit this application and all of its attachments for the purpose of obtaining a Louisiana pharmacy technician certificate, in order to engage in the practice of pharmacy in the state of Louisiana as authorized by the Louisiana Pharmacy Practice Act.
- I understand that furnishing false information or omitting required information in this application and all of its attachments may result in the denial of my application and the Board's refusal to issue the certificate – or if the certificate has already been issued, then the suspension or revocation of that certificate.

\_\_\_\_\_  
Witnessed & Sworn Signature of Applicant

Sworn before me, the undersigned notary, this \_\_\_\_\_ day of \_\_\_\_\_ in 20\_\_\_\_.

Seal

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Parish or County

\_\_\_\_\_  
Expiration Date of Commission